MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-017658 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3895

FILED APR 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	21	7½	
4	0		
5	1		
7	0		
8	2		
1286-0			
	86		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 1 wk.
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stone Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: St. Louis
   c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 4203 Shenandoah — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Urial Last: Gohn

4. DATE OF DEATH: Month: April Day: 5th Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-29-1889

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Gohn

13b. MOTHER'S MAIDEN NAME: Mary Major

14. NAME OF HUSBAND OR WIFE: Lena Gohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of): WW# I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lena Gohn Address: Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRO VASCULAR INSUFFICIENCY, ACUTE	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC BRAIN SYNDROME	3 years
DUE TO (c)	GENERALIZED ARTERIO SCLEROSIS	10 Yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): B34X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12 may 1955 to 5 april '63 and last saw her/him alive on 4 april '63
Death occurred at 6 20 Am 5 april '63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Seddon M.D.

22b. ADDRESS: 4500 West Pine Blvd St. Louis 8, Mo.

22c. DATE SIGNED: 5 April 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-8-1963

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Bks. Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: APR 5 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.